

Chris Chapman 212223
PMSI 3A105
7475 Cockrell Bend Blvd.
Nashville, TN 37209

FILED
U.S. DISTRICT COURT
MIDDLE DISTRICT OF TENN.

IN THE UNITED STATES DISTRICT COURT
FOR THE Middle DISTRICT OF TENNESSEE
(6th) Sixth DIVISION

JAN - 3 2010
HBB
DEPUTY CLERK

Chris Chapman (pre-trial defendant) Name

Prison Id. No. 26358121223

N/A Name

Prison Id. No. N/A

Plaintiff(s)

RECEIVED

JAN - 3 2011

(List the names of all the plaintiffs filing this lawsuit. Do not use "et al." Attach additional sheets if necessary.)

Civil Action No. 3 1 1 2 0 0 0 6

(To be assigned by the Clerk's office. Do not write in this space.)

U.S. DISTRICT COURT
MIDDLE DISTRICT OF TENN.

Jury Trial Yes No

Royce Thacker; Sonya Troutt;
Timothy Erickson; Name
Sumner County Sheriff's Dept. Name
continued on PAGE 4A
Defendant(s)

(List the names of all defendants against whom you are filing this lawsuit. Do not use "et al." Attach additional sheets if necessary.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
FILED PURSUANT TO 42 U.S.C. § 1983

I. PREVIOUS LAWSUITS (The following information must be provided by each plaintiff.)

A. Have you or any of the other plaintiffs in this lawsuit filed any other lawsuits in the United States District Court for the Middle District of Tennessee, or in any other federal or state court?

Yes No

B. If you checked the box marked "Yes" above, provide the following information:

1. Parties to the previous lawsuit:

Plaintiffs Chris Chapman

Defendants Sonya Troutt; Dee David Gay; C. Wayne Hyatt; Tana
Wyllie; Sumner County Sheriff's Dept.; County of Sumner

2. In what court did you file the previous lawsuit? Middle District, Sixth Circuit
(If you filed the lawsuit in federal court, provide the name of the District. If you filed the lawsuit in state court, provide the name of the state and the county.)

3. What was the case number of the previous lawsuit? 3:10-cv-01009

4. What was the Judge's name to whom the case was assigned? Todd J. Campbell

5. When did you file the previous lawsuit? 10-25-10 (Provide the year, if you do not know the exact date.)

6. What was the result of the previous lawsuit? For example, was the case dismissed, appealed, or still pending? Still pending

7. When was the previous lawsuit decided by the court? N/A (Provide the year, if you do not know the exact date.)

8. Did the circumstances of the prior lawsuit involve the same facts or circumstances that you are alleging in this lawsuit?

Yes No

(If you have filed more than one prior lawsuit, list the additional lawsuit(s) on a separate sheet of paper, and provide the same information for the additional lawsuit(s).)

II. THE PLAINTIFF'S CURRENT PLACE OF CONFINEMENT (The following information must be provided by each plaintiff.)

A. What is the name and address of the prison or jail in which you are currently incarcerated? Lakeview Maximum Security Institution 3A105
7475 Cockrell Bend Blvd., Nashville TN 37209

B. Are the facts of your lawsuit related to your present confinement?
 Yes No

C. If you checked the box marked "No" in question II.B above, provide the name and address of the prison or jail to which the facts of this lawsuit pertain.

D. Do the facts of your lawsuit relate to your confinement in a Tennessee State Prison?
 Yes No

If you checked the box marked "No," proceed to question II.H.

E. If you checked the box marked "Yes" in question II.D above, have you presented these facts to the prison authorities through the state grievance procedure?

Yes No

F. If you checked the box marked "Yes" in question II.E above:

1. What steps did you take? N/A

2. What was the response of prison authorities? N/A

G. If you checked the box marked "No" in question II.E above, explain why not. N/A

H. Do the facts of your lawsuit pertain to your confinement in a detention facility operated by city or county law enforcement agencies (for example, city or county jail, workhouse, etc.)?

Yes No

I. If you checked the box marked "Yes" in question II.H above, have you presented these facts to the authorities who operate the detention facility?

Yes No

J. If you checked the box marked "Yes" in question II.I above:

1. What steps did you take? Filed grievances, requested investigations

2. What was the response of the authorities who run the detention facility? No responses, non-responses, retaliatory threats

L. If you checked the box marked "No" in question II.I above, explain why not. N/A

Attach copies of all grievance related materials including, at a minimum, a copy of the grievance you filed on each issue raised in this complaint, the prison's or jail's response to that grievance, and the result of any appeal you took from an initial denial of your grievance.

III. PARTIES TO THIS LAWSUIT

A. Plaintiff(s) bringing this lawsuit:

1. Name of the first plaintiff: Chris Chapman

Prison Id. No. of the first plaintiff: 26358 / 212223

Address of the first plaintiff: Rutherford Maximum Security Institution
3A105 7475 Cockrell Bend Blvd, Nashville TN 37209

(Include the name of the institution and mailing address, including zip code.
If you change your address you must notify the Court immediately.)

2. Name of second the plaintiff: NIA

Prison Id. No. of the second plaintiff: NIA

Address of the second plaintiff: NIA

(Include the name of the institution and mailing address, including zip code.
If you change your address you must notify the Court immediately.)

If there are more than two plaintiffs, list their names, prison identification numbers, and addresses on a separate sheet of paper.

B. Defendant(s) against whom this lawsuit is being brought:

1. Name of the first defendant: Royce Thacker 90

Place of employment of the first defendant: Sumner County Sheriff's Dept.

The first defendant's address: 117 West Smith St.
Gallatin, TN 37066

Named in official capacity? Yes No

Named in individual capacity" Yes No

2. Name of the second defendant: Sonya Troutt 90

Place of employment of the second defendant: Sumner County Sheriff's Dept.

The second defendant's address: 117 West Smith St.
Gallatin, TN 37066

Named in official capacity? Yes No

Named in individual capacity" Yes No

If there are more than two defendants against whom you are bringing this lawsuit, you must list on a separate sheet of paper the name of each additional defendant, their place of employment, their address, and the capacity in which you are suing them. If you do not provide the names of such additional defendants, they will not be included in your lawsuit. If you do not provide their proper name, place of employment, and address, the Clerk will be unable to serve them should process issue.

-DEFENDANTS-

1. Royce Thacker %
117 West Smith St.
Gallatin, TN 37066

2. Sonya Troutt %
117 West Smith St.
Gallatin, TN 37066

3. Timothy Erickson %
117 West Smith St.
Gallatin, TN 37066

4. Sumner County Sheriff's Dept (SCSD)
117 West Smith St.
Gallatin, TN 37066

5. Southern Health Partners
811 Broad St. 5th Floor
Chattanooga, TN 37402

6. County of Sumner, TN
355 North Belvedere Dr.
Gallatin, TN 37066

P-4A

IV. STATEMENT OF FACTS

State the relevant facts of your case as briefly as possible. Include the dates when the incidents or events occurred, where they occurred, and how each defendant was involved. Be sure to include the names of other persons involved and the dates and places of their involvement.

If you set forth more than one claim, number each claim separately and set forth each claim in a separate paragraph. Attach additional sheets, if necessary. Use 8 1/2 in. x 11 in. paper. Write on one side only, and leave a 1 in. margin on all four 4 sides.

1. On 11-10-10, Royce Thacker, a SCSD employee, did spray plaintiff in the crotch with a chemical weapon;
2. On 2-13-10, plaintiff was denied medical attention by Southern Health Partners employee Nurse Jodi (last name unknown) and this was enforced by SCSD employees;
3. Since 3-26-10 till his retaliatory transfer, plaintiff had poor medical treatment in regards to his broken tooth;
4. On 3-20-10, plaintiff was denied adequate medical attention by Southern Health Partners employee Nurse Melanie (last name unknown);
5. On 4-8-10, plaintiff was physically assaulted and attacked with a chemical weapon while in the shower by Timothy Erickson, a SCSD employee;
6. On 4-28-10, Plaintiff was denied medical attention by a SCSD employee;
- SA - 7. On or about 8-25-09, Southern Health Partners and SCSD did violate plaintiff's medical privacy;
- SA - 8. On or about 1-20-10, Southern Health Partners and SCSD did violate plaintiff's medical privacy;
9. On or about 1-20-10, Southern Health Partners did not adequately treat plaintiff's medical needs;
10. Since March of 2009, Southern Health Partners have not adequately treated plaintiff's medical needs;
11. On June 11th 2010, plaintiff was transferred in retaliation for among many questionably unconstitutional reasons, requiring access to a legal library;

Cont on p. 5A

V. RELIEF REQUESTED: Specify what relief you are requesting against each defendant.

- A. Declaration Order as described on p. 5B
- B. Injunctive Relief as described on p. 5B
- C. Compensatory Relief as described on p. 5B
- D. Punitive Relief as described on p. 5B
- E. Any Relief that the Court deems just and fit

F. I request a jury trial. Yes No

Statement of Facts cont.,...

12. On 7-30-09 plaintiff was assaulted by numerous officers of the SCSD;

13. Plaintiff states that since 8-8-08, he has had to endure conditions of confinement that include, but not limited to denial of adequate medical treatment; adequate means to hygiene; denial of adequate law library access; has been victim to assault and battery; unnecessary rigor and various Constitutional Rights violations.

Plaintiff moves the Court to allow an Amend to this filing if need is found that any part may be deficient for any reason.

Plaintiff, Chris Chapman, is and was at all times since 8-8-08 and during events described herein a pre-trial detainee.

Plaintiff asserts that all federal and state Constitutional Rights Violations claims for Relief are genuine issues arguable in a court of law.

Plaintiff states that Defendants acted under color of state law through direct and/or indirect action and/or liability and that all statements are true upon information and belief.

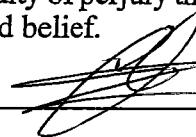
-RELIEF-

1. Plaintiff requests an order declaring that the Defendants have acted in violation of the United States Constitution;
2. Plaintiff requests that all Incident; Informational; Disciplinary Reports involving plaintiff be expunged from Sumner County Sheriff's Dept. database, records and files as well as any copies that are in any other government branch or in a private collection anywhere in the world;
3. Plaintiff requests Federal criminal investigations into the Defendants named in regards to the assaults of 1-10-10 and 4-8-10 incidents named herein; also 7-30-10;
4. Plaintiff requests a thorough Federal Dept. of Justice investigation, including all relevant internal departments including but not limited to, the Bureau of Prisons, Various Civil Rights Commissions, Criminal Investigation Divisions, Records Management, Justice Management, Health Inspector, Building Inspector as well as the Federal Health and Human Services Dept, the Internal Revenue Service and the Federal Bureau of Investigation into Sumner County, the SCSD, their employees and sub-contractors;
5. Compensatory relief of no less than \$ 150,000 per violation not including any taxes, fines, fees, costs, etc.;
6. Punitive relief of no less than \$ 150,000 per violation not including taxes, fines, fees, costs, etc.;
7. Any relief the Court seems just and fit.
8. Habeas Corpus Review /relief

-Dollar amounts based on prior precedent cases

VI. CERTIFICATION

I (we) certify under the penalty of perjury that the foregoing complaint is true to the best of my (our) information, knowledge and belief.

Signature:  Date: 12-1-10

Prison Id. No. 26358 1212223
XSD 700C

Address: 7475 Cockrell Blvd. 13A105
Nashville, TN 37209

(Include the city, state and zip code.)

Signature: N/A Date: N/A

Prison Id. No. N/A

Address: N/A

(Include the city, state and zip code.)

ALL PLAINTIFFS MUST SIGN AND DATE THE COMPLAINT, and provide the information listed above. If there are more than two plaintiffs, attach a separate sheet of paper with their signatures, dates, prison identification numbers, and addresses.

ALL PLAINTIFFS MUST COMPLETE, SIGN, AND DATE SEPARATE APPLICATIONS TO PROCEED IN FORMA PAUPERIS, if not paying the civil filing fee.

SUBMIT THE COMPLAINT, THE REQUIRED FILING FEE, OR APPLICATION TO PROCEED IN FORMA PAUPERIS, TOGETHER. Complaints received without the required filing fee or application to proceed *in forma pauperis* will be returned. Filing fees, or applications to proceed *in forma pauperis*, received without a complaint will be returned.

SA

INMATE REQUEST FORM

DATE SENT: 4-16-10

DATE RECEIVED: _____

ALL INMATE REQUEST FORMS SHALL BE SIGNED AND DATED.

PLACE AN X IN THE APPROPRIATE SPACE BELOW:

MEDICAL OFFICER

INMATE VISITATION

JAIL ADMINISTRATOR

TRUSTEE

INMATE RECORDS

SHIFT COMMANDER

INMATE COMMISSARY

INDIGENT

INMATE NAME: Chris Chapman #26358

CELL NUMBER: 3c - 506

Are there any medical records/information release forms in any shape, form or fashion in my Southern Health Partners medical chart signed by me releasing info to anyone at all? Including but not limited to state or local government agencies, their representatives, Sumner County Sheriff's Dept employees?

If there are no release forms, are you positive?

INMATE SIGNATURE

RESPONSE: 4-18-10 - There are no medical release forms signed in your file. We do not release your records w/o a release from Corp. *nurse Heather*

RESPONDER SIGNATURE:

SB

Christopher Chapman

Medical Records from 7-30 to present

Keith
Bear

SC

Chapman was in medical and was standing in the corner
he ~~said~~ said if we could hurry this train up we
could get out of here. Nurse Dody asked ~~them~~ that he
be taken back upstairs that she was not going to see
him at this time

Kris D 3B

Kris Overstreet